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**Department of Health and Family Services  
Office of Strategic Finance**

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**Date:** February 13, 2002  
**To:** Family Care CMO Pilots  
**From:** Monica Deignan, Family Care Project Manager  
**Subject:** Family Care Policy on Relocations from County-Owned ICFs-MR

This memo is intended to clarify that there is no requirement to close a bed in a county-owned ICF-MR when a resident is relocated using Family Care. The Department has not, nor does it intend to, propose such a requirement in Family Care.

There is a bed closing requirement in the CIP I statute in order to allow the Department to make community resources available by moving the funding for that bed from its internal Medicaid institutional budget to an allocated HCBS waiver slot. However, the Department has decided that there is no need to pursue a similar requirement for Family Care for the following reasons:

- Family Care already combines HCBS waiver and ICF-MR funding in the CMO's capitation rate.
- Within the CMO, Family Care funding "follows the person," so CMO funding is already available regardless of where the person resides or receives services.
- There is no need as to transfer funding from institutional services to provide resources for community services.

Questions regarding this policy may be directed to:

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